



Application for Direct Access to ACIC

Division of Arkansas Crime Information

Arkansas Department of Public Safety

322 South Main Street, Suite 615 | Little Rock, Arkansas 72201 | fax (501) 682-7444

Email: ACIC.Operations@dps.arkansas.gov



(Application must be completed in full and returned to ACIC. Applications for access submitted 10 days before a scheduled Board Meeting will not be heard and will be placed on the agenda for the next available meeting.)

Agency Information:		ORI:	Type of Agency:			
Agency:			Law Enforcement:			
Mailing Address:		Phone:	Prosecutor:			
Physical Address:		Fax:	Circuit Court:			
City/ Zip:		County:	District Court:			
Chief Administrative Official: (full name/title)			Other:			
Phone:		Email:	Jurisdictional Area:			
Contact Person for Operational matters: (full name/title)						
Phone:		Email:	What agency is currently providing ACIC information?			
Information Technology (IT) contact: (full name)						
Phone:		Email:				
Access Requested:			Agency Demographics:			
What type of access is requested? (select all that apply)			Agency Hours of Operation:			
	Query and Entry (Full)		Number of Agency Personnel:	Full-time	Part-time	
	Query Only (Limited)		Sworn/commissioned officers:			
	Mobile Data Terminals (MDT) (please specify vendor such as Atlas, Southern Software, Motorola, etc.):		Auxiliary Officers:			
	Other:		Dispatcher/telecommunications:			
			Civilian(clerical) staff:			
Questionnaire:				Yes	No	N/A
1. Is the Chief official a full-time employee of the agency? (working at least 40 hours a week)						
2. Will internal procedures be implemented to restrict the accessibility of the access device to the minimum number of authorized agency personnel, as defined by the ACIC System Regulations?						
3. Will the access device be in a secure location, as defined by the ACIC System Regulations?						
4. Is your agency planning to enter records into ACIC/NCIC at your agency?						
4a. If yes to question 4, will your records be accessible to operators 24 hours-a-day, for "hit" confirmation?						
5. Will all the agency's employees be subjected to a fingerprint-based background check?						
6. Will your Information Technology (IT) personnel be subjected to a fingerprint-based background check?						
7. Do you agree to comply with the ACIC Training Policy and requirements?						
8. Will your agency comply with the FBI's CJIS Security Policy, ACIC System Regulations and NLETS policy?						
9. If approved for access, my IT personnel will submit a network diagram.						
Narrative: Describe in detail why direct access to ACIC is needed. (Attach additional pages if needed.)						

Acknowledgement: I hereby certify that all information on this form is complete and factual to the best of my knowledge and belief. If approved for direct access to ACIC, I agree to abide by ACIC policies and procedures, as detailed in the ACIC System Regulations and the ACIC System Service Agreement, as well as NCIC and NLETS policies.

Signature of Chief Official		Printed Name	Title	Date
Transaction Fees:		This section completed by ACIC Staff:		
Remainder of year 2025:	\$0.035	Board Meeting Date:		
January 1, 2026 through December 31, 2026:	\$0.038	Field Agent:		
January 1, 2027 through December 31, 2027:	\$0.040	Pre-install audit Date:		
Starting January 1, 2028:	\$0.043	LE Standards Check:		